

**OEC Strategic Planning
Framework Comments/Questions Compilation
July 31, 2015-August 28, 2015**

Public Forums Overview:

This summer the Office of Early Childhood organized a series of forums across the state to gain feedback on a draft strategic planning framework. The OEC held eight forums, six in person (Hartford, Waterbury, Norwalk, Hamden, Norwich, and Willimantic) and two webinars (evening and weekend times). Over 150 early childhood professionals, organizations and researchers attended the forums. They shared questions, comments, and feedback relating to the draft strategic planning framework and OEC current projects and news. Over the next few months, the OEC will create a second draft of the strategic planning framework with feedback from forum participants included. This winter, the OEC will release a draft full strategic plan and host another series of forums aimed towards parents and caregivers in late January and early February.

1) Overall Framework Recommendations

- Focus on a strengths-based approach rather than a deficit-based approach
- Emphasize collaboration between the different organizations and programs throughout the document
- For state contracts, it would be helpful to integrate the “big thinking”. Create A “Master Contract” which integrates providers and lays out implementation
- Make sure we can articulate this framework’s unique proposition: how are we different than any other state?
- Can the OEC frame this strategic plan in terms of addressing huge underlying issues such as income inequality and planning for future impact on those issues?
- Mention scope of problem
- Highlight the interconnectedness of the OEC system

2) Recommendations Regarding Specific Framework Sections

Strengthen Partnerships

- **Community/Local Partnership**
 - The OEC should examine how to keep the communication between the regions and how policies get implemented. They should craft policies that are flexible enough to adapt to regions and communities with appropriate checks and balances.
 - Need to discuss local partnerships with more nuance (i.e. School Readiness Councils vs Discovery Collaboratives)

- There are isolated programs, such as New Milford, Newtown, and some shoreline towns, without councils and therefore slip through the cracks [when the OEC relies on the councils to make decisions]. The OEC should figure out how to talk to these people and either create a structure for them to be a part of or allow them to create their own.
- There's nothing on the groups that serve families. The OEC should be mindful of working relationships that already exist within various communities and build upon them rather than recreate the wheel.
- There should be support & guidance from the OEC to get smaller communities to collaborate rather than compete for funding
- Why wouldn't all community blueprints/ plans [be supported by the Office Going forward]?
- **State Partnerships**
 - **Head Start:** There is no reference to Head Start and how to connect with the public in the framework
 - **DOH:** The Department of Housing could be a potential partner.
 - **SDE:** There's not enough in the framework about interaction with the Department of Education. Maybe need to add it to the report? What is the relationship with the State Department of Education? They should also be a partner with policy creation
 - **DCF:** Is there a DCF Collaborative at the state level? Norwalk/Stamford encourages people to start looking for collaborations. Has the OEC thought about a partnership with DCF? Especially for assistance with "vulnerable families". Develop a position that can serve as a liaison/consultant to DCF in their service to young children birth to five and monitor:
 - numbers, trends, and experiences of infants and toddlers involved with DCF
 - the quality of services provided- for real outcomes, tertiary level service
 - prevention efforts to families out of the system
 - **DPH:** What about collaborations with other state agencies like DPH to directly address certain issues? There should be a matrix of the different programs and the populations that they serve. DPH funds 5 regular medical health programs. Look to them about Child mental health
 - **Healthcare/DSS:** Along with reducing barriers, there is a need for intensive care coordination. Infant/toddler mental health services are so limited and the programs that are available are full. Need an increased focus on high quality mental health services, especially for infants, toddlers, and their parents.
 - **Colleges and Universities:** any collaborations with institutes of higher learning? There is little mention of the role of the higher education system in meeting the unique needs of the workforce that already exists in CT, especially to reach the ECTC. There should be an objective with a strategy that calls for an increase in the number of state colleges and institutions (and collaborations with out of state institutions) to assist teachers in achieving this credential.

- **Legislature:** How does the OEC navigate the connections between state legislature and the trickle-down effect to various communities? Create a direct pipeline with legislatures so that legislation aligns with any future changes to the plan
- **Philanthropy:** Specifically include philanthropy and public-private partnerships. Find ways to tap into their thoughts and funds
- Collaborate with different agencies for support and access to services related to domestic violence, maternal depression, homelessness, etc. for families

Increase Access to Quality

- **Funding**

- Fully Fund child care reimbursement rates/slots based on the true cost for infants, toddlers and preschoolers in order to support a skilled child care workforce and instructor/child ratios
- Additional funding is associated with higher quality ratings and improved child care outcomes: Have a clear strategy for incorporating wage increases as a key ingredient of any QRIS system that is implemented
- Block grants esp. for childcare?
- There is no mention of the workforce making a “living wage” that will allow individuals who work in this field and support their families and/or themselves to live out of debt and not depend on other public supports. This should be a clear objective of the plan with strategies to achieve it.

- **Access**

- Include a direct mention of screening, access, and the services available
- One of the biggest barriers to access is transportation especially for suburban and rural areas without access to public transportation. Perhaps an underground subway that connects the entire state should be commissioned....(smile)
- The OEC should align the reimbursement model for the different programs
- Is anyone paying attention to the funding shifts/changes, which affect the supports that are offered?
- What is the OEC going to do for the families that cannot get into the programs? Where’s their support? Who will provide the clear cut answer without the run-a-round? Is 211 equipped to respond to these inquiries?
- The OEC should provide the comments about funding to providers to create the shift in thinking about the impact of the money
- Infant and toddler care is void/totally nonexistent. The OEC should examine how to revamp that system.
- Be mindful of “Cliffs” where parents are challenged to meet the next level

- The OEC should be mindful that urban and smaller rural areas have different unique needs. Smaller rural communities are strapped for resources and have issues that are hard to address
- The OEC should consider the economic impact of the unemployment rate in CT. Children being in school should not be contingent on parent employment. With such high unemployment rates, some parents have unstable income which impacts the child wavering from programs.
- The fee schedule should be adjusted as families with zero income are still expected to pay which is counterintuitive.
- Spell out how the plan will help working families to ensure the child has consistency all day and all year.
- Connecticut should currently be experiencing a waitlist, not empty slots: Consider arbitrary cliffs and the fact that families should pay no more than 10% of their income.
- Follow the money: page 5 and 8 should be unified under its own section with a big headline. Integrating funding is a key component of providing access.
- **Quality**
 - More emphasis on child health including: childhood obesity and mental health
 - Trauma is a major barrier that should be mentioned
 - Workforce on page 5 and page 6 should also be unified under its own section with a big headline
 - Need more professional development
 - When talking about improving quality, teachers need more hours per day for professional enrichment especially when that professional development is mandated by programs like child daycare and School Readiness). Additionally, there is inconsistency with program requirements for professional development.
 - Professional learning should be more detailed, with reference to the types of professional development/ workforce sector, to build competencies in professionals which is needed to support vulnerable children and aligned to the outcomes: pre-service and in service.
 - With the labor force fleeing CT, what's an appropriate strategy for hiring/retaining teachers both on a program and state level?
 - Increase the pay of the ECE workforce to be competitive with jobs in other education fields to reward competence and align with goals for improving quality: look at the pay disparities in publicly funded programs that currently exist.
 - Develop an early childhood workforce plan that includes higher education coursework, degrees, and certification as well as in-service reports: A strategy should be specifically targeted at the role of higher education and its delivery system for non-traditional learners and their particular needs in capacity building. There should also be a focus on assuring that all professional development carries currency in order to achieve the state mandated ECTC.

- The ECE workforce points are scattered throughout the framework. In the strategic plan they should be they should be clustered in a section with objectives and strategies that connect the issue of the acquisition of mandated credentials and higher wages in an effort to stabilize the field.
- The ideas in the framework that are listed under workforce , although promising and well vetted, are compilations of strategies from the reports that have been reviewed by OEC and the consultants that worked with OEC staff, rather than what really “is” in CT and where we should go from here. There should be an objective that calls for a stakeholder group to develop strategies and a plan to achieve this.
- Look at the facilities of the programs: also, need language on quality hubs

Increase Organizational Effectiveness

- **Data Driven**
 - In section 3, benefit is to identify innovative practice and evidence based practice. Use research to drive practice.
 - Need to include a measurement of progress such as parent-child bond, etc.
 - Data is great, but no one asks about the story behind the data and how it looks in the classroom and with families. The Strategic Plan needs to say that [the OEC] will ask, listen, and react to changes especially with families.
 - Include a section that highlights implications of the data that is produced
 - Need language in the plan to address the increased data collection, the privacy of the collected data and current lack of information security
- **Improve administration and integration**
- **Strong agency foundation**
 - There’s nothing on the organization’s management practices which includes, retirement, business management, assessments, etc. and potential partnerships that could strengthen these areas

Place Children and Families at the Center

- This section should be #1, not #4
- This section should be about “all families” not just “vulnerable families”
- **Build child and family-centered agency culture**
- **Meet Unique needs of families**
 - There’s nothing in the plan explaining how the OEC will target race, ethnic disparities, access, etc.
 - Child outcomes should be clear and measurable and described in the opening of the strategic plan
 - The strategic plan lists families as the focus of the plan, but is not explicit on the delivery of those services.

- Under section #4B, the OEC should look into what kids need for development to enter into schools and address those concerns
- Families should include grandparents, parents, and anyone with children.
- If including homeless families as an example of a vulnerable family, then stability and structure is necessary to mental health issues
- Under #4, we should strengthen families as partners vs service providers. How can we engage parents and meet them where they are? What can we do to make them, authentically, feel like part of the process?
- Need more information about the needs of the parents as it relates to helping them serve their children. Taking a 2 generational approach, can we provide information and support on issues such as maternal depression, homelessness, domestic violence, etc.
- The area of vulnerability starts with the mother. We need a multiple generational process to affect change. Mothers need a lot of support starting at the hospital, but there's a huge gap
- Two generations is not enough: Three generations is better. We need to look at grandparents and the support they need as well. Also, while we need to put the child at the center, we need to remember that the child is not the change agent for the community
- Connect parents' educational attainment to childcare
- **Priority Groups**
 - Define "deep poverty"
 - Include grandparents that are raising children as a high needs category
 - Need to address English as a Second Language students: what tools can we give them? ESL Families have unique needs and should be more specifically mentioned.
 - Depression should also be included as a priority qualification
 - For "The families we love the most", the OEC should be careful with marketing so that it doesn't alienate the "other" families. OEC should not focus on "the families we love most", but rather it should consider all families.
 - Undocumented families especially ESL families have a compounded need, but they are not explicit in the framework
 - What does "Priority groups" mean? Do they get more money?
 - How do children with additional/special needs show up in the reports? Be more specific when addressing this in the plan. The framework should incorporate children with special needs into the framework.
 - Are we allowed to change the federal requirement to accommodate these groups?
 - Is there an identification process [for priority populations]? Are other organizations, like DCF, supporting this?
 - How does this include families that are raising children with special needs?
 - How did you make the determination for the number of the priority groups?

3) Recommendations about the Forums

- We need parent involvement [in the framework]. For working families, how can we go to them rather than making them come to us?
- We should make the voice of the providers clearer in the framework
- Stakeholders want to give input and address the needs of the most vulnerable families in a deep and meaningful way. What's already being done to support this?
- Did you contact a CT Family based organization when thinking about parent education, family leadership, and family support?
- Can you make sure that there are bilingual staff at the forums in November?
- Include stakeholder input prior to the start of the framework creation
- In the OEC visual framework – can you include/add grassroots reporting out at listening sessions that include state and national policy reports?
- What levels of people in the OEC will be helping with the framework and the forums?
- AFP also have support groups that could serve as potential forum opportunities.
- The Bridge to Success Program is one potential partner that can disseminate information to members of the local community.

4) Specific reports to Review/Find

- Have we looked to Head Start for information? Were some of their findings wrapped into some of these reports?
- There are great reports, but there are no voices of the parents.
- Tie in the IOM Report
- Strategies that have been noted in numerous state and national reports (as listed p7) should be incorporated as to not reinvent the work that has already been done here in CT. We have been a leader in the area of professional development systems for years (CT Charts-A-Course, ECE Cabinet Workforce Committees and Plans, Career Ladder Committee) and this work should be reviewed, built upon and expanded.
- Reports from DPH/Medical Home Program. Contact Mark Keenan-DPH
- Workforce Design, a Policy Blueprint, NAEYC, 2008. This blueprint highlights four policy making principles (integration; quality assurance; diversity, inclusion, and access; and compensation parity) and six policy areas (professional standards, career pathways, articulation, advisory structure, data, and financing) that build or sustain an integrated system
- Staff Preparation, Reward, and Support: Are Quality Rating and Improvement Systems Addressing All of the Key Ingredients Necessary for Change? Lea J.E.Austin, Marcy Whitebrook, Maia Connors , and Rory Darrach
- Connecticut Career Ladder Advisory Committee: Three Year Strategic Plan. The Office of Workforce Competiveness) Submitted to CT General Assembly February 2004)

- The Economics of Early Childhood Investments, Executive Office of the President of the United States, December 2014
- [The Infant Mental Health Workforce: Key to Promoting the Healthy Social and Emotional Development of Children](#)
- [The Earlier the Better: Developmental Screening for Connecticut's Young Children](#)
- [Issue Brief 26: Developmental Surveillance and Screening for All of Connecticut's Children: The First Step in a Comprehensive Approach to School Readiness](#)
- [Issue Brief 27: Building a Statewide Trauma-Informed System of Care](#)
- [Issue Brief 30: Early Childhood Health Assessment Records: Important for Ensuring Children's Health in Child Care Settings](#)
- [Issue Brief 31: Improving Care for Children Through Trauma Screening](#)
- [Issue Brief 37: Promoting the Healthy Social and Emotional Development of Children Through an Informed Workforce](#)
- [Preventing Childhood Obesity: Maternal/Child Life Course Approach](#)
- [Issue Brief 34: Preventing Childhood Obesity: Maternal-Child Life Course Approach An evidence-based approach to curbing early childhood obesity](#)
- [Starting Early: The Long Reach of Childhood Trauma](#)
- [Issue Brief 40: Mid-Level Developmental Assessment: Addressing Developmental Concerns in Young Children Efficiently](#)
- https://childcareta.acf.hhs.gov/sites/default/files/public/strengtheningworkforce_tool.pdf